

- (3) If the individual is sensitive—desensitise very slowly and carefully by small injections of the dilute specific antigen, gauging your dose by local reactions.
- (4) Carelessness in this particular point may lead to a fatal result.
- (5) If a reaction is anticipated always have a syringe charged with adrenalin at hand. Adrenalin is almost a specific in the treatment of the anaphylactic reaction.
- (6) When injecting a foreign protein intravenously for the first time, be it ever so small, always keep the patient lying down for twenty to thirty minutes after the injection.
- (7) The acute anaphylactic shock appears so suddenly and progresses so rapidly that treatment may be of no avail, therefore it is best to avoid the possibility of producing it, by observing the above precautions.

ESSENTIAL ANATOMY.

By

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No. II.—THE ISCHIO RECTAL FOSSA.

The ischio rectal fossa is a pyramidal shaped space at the side of and behind the anal canal. Its surgical significance is considerable.

BOUNDARIES.—

MEDIAL: Levator ani covered by the inferior fascia of the pelvic diaphragm.

Sphincter ani externus.

LATERAL: Obturator internus muscle covered by that part of the parietal layer of pelvic fascia called the obturator fascia.

FLOOR: Skin at the side of and behind the anus.

POST WALL: Sacro tuberos ligament covered behind by the gluteus maximus.

APEX: $2\frac{1}{2}$ inches from the floor. Formed by the junction of the medial and lateral walls.

CONTENTS: A pad of fat which is traversed by fibrous bands. Inferior haemorrhoidal vessels and nerves running through the fat.

Perineal branch of the 4th nerve perforating cutaneous branches of the 2nd and 3rd sacral nerve.

THE FASCIA LUNATA OF ELLIOT SMITH:

There is no deep fascia under the skin which forms the floor of the fossa. Elliot Smith has shown that the fossa is lined on its inner and outer walls by a layer of fascia which he has named the fascia lunata.

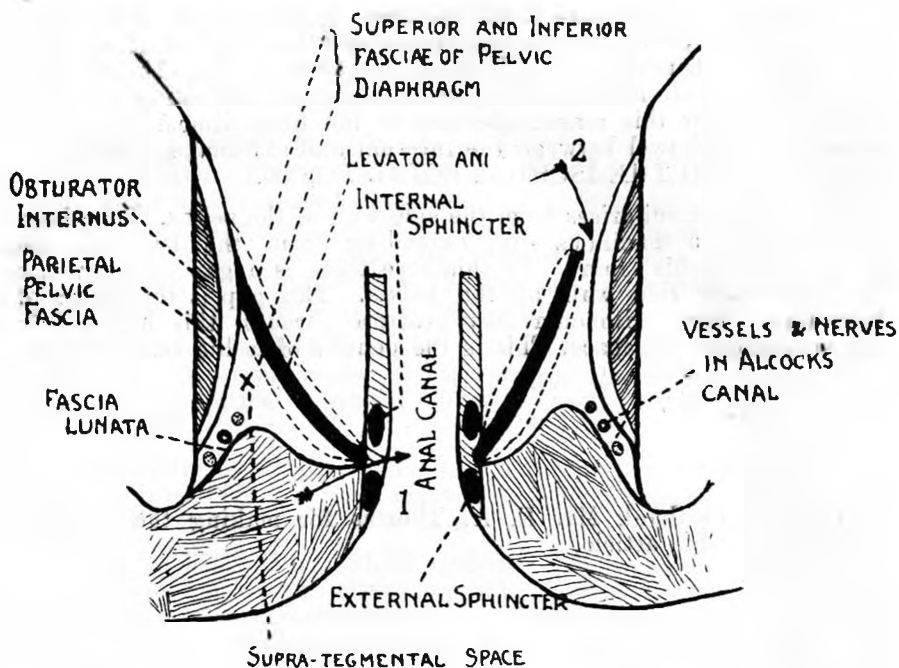


Diagram showing the ischio rectal fossae. Arrow 1 indicates the common site of rupture of ischio rectal abscesses into the bowel. Arrow 2 indicates the hiatus of Schwalbe.

MEDIALY: The fascia lunata clothes the outer surface of the levator ani, the inferior fascia of the pelvic diaphragm intervening. Inferiorly the fascia terminates by blending with the wall of the gut between internal and external anal sphincters.

LATERALLY: The fascia clothes the outer wall of the fossa internal to the obturator fascia. Between these two layers of fascia on the outer wall are situated the pudendal vessels and nerve. It is obvious then that Alcock's canal is not a split in the obturator fascia as is usually stated. Inferiorly the fascia is attached to the ischium.

INFERIORLY: The fascia crosses from inner to outer walls some distance below the apex of the fossa. This part of the fascia is called the tegmentum. The part of the fossa above it is the supra-tegmental space.

The writer prefers to consider the fascia lunata as the deep fascia of the skin forming the floor of the fossa. The fibrous fat pad is then situated between the skin and deep fascia, and ischio rectal abscesses are merely subcutaneous collections.

APPLIED ANATOMY:—FISTULA IN ANO.

Looking at the figure it will be seen that the fascia lunata and inferior fascia of the pelvic diaphragm and the levator all end on the inner wall between internal and external sphincters. The weakest part of this wall is therefore just below the termination of these structures. For this reason abscesses of the fossa almost invariably burst into the bowel between the internal and external sphincters.

HERNIA INTO THE ISCHIO RECTAL FOSSA.

The levator ani arises from the side wall of the pelvis. Sometimes it arises from a tendinous sling extending from the back of the penis to the ischial spine. In this case there is a gap between this sling and the side wall of the pelvis. This gap is the hiatus of Schwalbe. The peritoneum may prolapse through this hiatus into the supratentorial space. This is the genesis of ischio rectal hernia.

I wish to thank Mr. E. A. Thomas for making the drawing printed with this article.

APHORISM**No. 2.**

The symptoms of cholelithiasis, apart from the passage of the stones through the ducts, are those of the attendant cholecystitis.

MEDICINE TO-DAY.

"When I see the modern cardiologist getting his assistant to take an X-ray photograph of the heart and an electro-cardiogram and even a blood-pressure reading, and then behold him sitting down to study these reports, I am truly amazed. I never could have realised that the practice of Medicine could have become so futile and ineffective."—Sir James Mackenzie.
